POLICY NUMBER: 223.24
DIVISION: Environmental Public Health
POLICY TITLE: Property Transfer Review Policy
AGENCY(ies): Lincoln-Lancaster County Health Department
AUTHORITY: Board of Health
DRAFTED: 04-22-16
BOH:
APPROVED:

Policy Statement:

It is the public policy of the Board of Health to ensure a safe and adequate supply of drinking water for those homes served by an on-site water supply system, ensure the adequate treatment and disposal of sewage from premises served by an on-site wastewater treatment system and eliminate and prevent health and safety hazards by regulating the operation and maintenance of on-site water supply systems and on-site wastewater treatment systems.

To protect public health and the environment, properties with residences served by Onsite Water Systems and/ or Onsite Wastewater Treatment Systems are required to be inspected and Letters of Determination issued prior to the sale, transfer or conveyance of the property in accord with requirements in Lancaster County Resolution R-13-0064 Procedures for the Inspection of On-site Water Supply Systems and Onsite Wastewater Treatment Systems Prior to the Sale, Transfer, or Conveyance of Property in Lancaster County, Nebraska (and as amended by R-14-0048 Procedures for the Inspection of On-site Water Supply Systems and Onsite Wastewater Treatment Systems Prior to the Sale, Transfer, or Conveyance of Property in Lancaster County, Nebraska which updated fees) and Lincoln Municipal Code 24.42 Regulations on Property Transfers with Onsite Systems.

Procedure:

I. Property Transfer Inspection Report Review

A. Prior to the sale, transfer or conveyance of a property served by an onsite water supply and/or onsite wastewater treatment system, the property owner must have the system(s) inspected by a person holding a valid permit as a Property Transfer Inspector issued by the Lincoln-Lancaster County Health Department (LLCHD).
   1. The Property Transfer Inspectors conduct inspections of onsite water supply and/or onsite waste water treatment system and complete forms approved by LLCHD (Exhibit 1 Onsite Water Supply System Inspection Report and Exhibit 2 Onsite Wastewater Treatment System Inspection Report).
   2. Upon completion of the inspection, the Property Transfer Inspector submits the inspection report forms to the LLCHD, along with appropriate fees.

B. Upon receipt of an inspection report and review fee, the LLCHD Environmental Health Specialist (EHS) completing the review will:
   1. Document the receipt of the report and fees in the Accela database. Fees are to be processed following standard fiscal policy.
   2. Review and evaluate the inspection report for accuracy and completeness and enter all necessary information into the Accela database. If the report is incomplete, the EHS will contact the Property Transfer Inspector and inform them of what information is needed. The EHS shall make a record of this contact in the Accela system (from file notes) under comments, which shall include who was spoken to, the date, and the content of the conversation.
   3. If the property being reviewed is located within the City Limits of Lincoln and is serviced by an onsite wastewater treatment system, a determination should be made as to whether the

location of the property is subject to mandatory sanitary sewer connection as per LMC 24.38.

4. If the property being reviewed is located within the City Limits of Lincoln and is serviced by an onsite water system, the onsite water system must have an Annual Water Well Permit.

II. Onsite Investigation

A. The EHS performing the Property Transfer review may conduct an onsite visit of the property in review. The purpose of the onsite visit may include but is not limited to the following:
   1. A visit to substantiate the findings reported by the Property Transfer Inspector on the Property Transfer Inspection report.
   2. A visit to monitor and assess the accuracy and consistency of the inspection performed by the Property Transfer Inspector.
   3. A request by a Property Transfer Inspector, property owner or Authorized Agent to meet to discuss findings and provide assistance appropriate to clarifying issues and concerns with the intent of eliminating or preventing health and safety hazards.
   4. A visit to verify conditions reported by the Property Transfer Inspector (such as a failing system) that may require enforcement action or permitting as per LMC 24.38.120. If findings indicate a violation of LMC 24.38.120 exists follow-up action will be taken based on standard procedure.
   5. A visit to verify that corrective actions have been taken (if not reported by a Property Transfer Inspector) to meet the requirements to change a Property Transfer status of Denial to Approval.

III. Determination of Substantial Conformance

A. The EHS performing the Property Transfer review shall determine if the onsite systems are in substantial conformance with applicable regulations. Determination of approval, denial or indeterminate will be made using the PTR Onsite Wastewater Septic System flow chart (Exhibit 3) and/or the PTR Onsite Water Supply System flow chart (Exhibit 4).

IV. Property Transfer Determination Letter Issuance

A. A written or electronic Determination Letter shall be issued to the owner or Authorized Agent within five (5) business days after receipt of the inspection report. The Determination Letter will be issued as Approved, Denied, or Indeterminate.
   1. A Determination Letter issued as Approved (Exhibit 5) shall mean that the review of the inspection report determined that the onsite systems structure and operational status were in substantial conformance with County Resolution R-15-0004, Lincoln Municipal Code 24.38, Title 124 Nebraska Administrative Code (NAC), Title 178 NAC 12, or Title 179 NAC 3.
   2. A Determination Letter issued as Denied (Exhibit 6) shall mean that the review of the inspection report determined that the onsite systems structure and operational status were not in substantial conformance with County Resolution R-15-0004, Lincoln Municipal Code 24.38, Title 124 Nebraska Administrative Code (NAC), Title 178 NAC 12, or Title 179 NAC 3. The denial means that the onsite systems adversely effects or may adversely affect the public health and/or the environment.
   3. A Determination Letter issued as Indeterminate (Exhibit 7) shall mean that the review of the inspection report was unable to determine that the onsite systems structure and operational status were in substantial conformance with County Resolution R-15-0004, Lincoln Municipal Code 24.38, Title 124 Nebraska Administrative Code (NAC), Title 178 NAC 12, or Title 179 NAC 3. Reasons for such a determination may include inclement weather preventing the complete inspection.

Exhibit 1

FOR OFFICE USE ONLY rev 6/06
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FO$ Rec'd ___/___/___ By _____
Amt _____ ck#_____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Onsite Water Supply System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

Property Address: _____

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: _ _ - _ _ - _ _ _ - _ _ _ - _ _ _

Owner Name: _____ Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: _____ Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☐ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☐ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information:

1.	The well meets setback requirements from known sources of contamination	Yes	No
2.	The well is visibly in substantial compliance with Title 178 NAC 3	Yes	No
3.	Water sample tests for coliform bacteria were negative	Yes	No
4.	Water sample tests for nitrate were less than 10 mg/l Nitrate test result _____	Yes	No
5.	Additional inspection information attached	Yes	No

Comments:

_____

_____

_____

_____

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Permit No.: HPTINS00 _____ Date: _____
Property Transfer Inspector

Exhibit 2

FOR OFFICE USE ONLY rev 5/08
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FO$ Rec'd ___/___/___ By _____
Amt _____ ck#_____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Onsite Wastewater Treatment System
Property Transfer Inspection Report

Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

Property Address: _____

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: _ _ - _ _ - _ _ _ - _ _ _ - _ _ _

Owner Name: _____ Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax # _____

Authorized Agent*: _____ Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____

Agent E-mail address: _____ Fax # _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☐ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☐ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information for Standard and Non-Standard Systems:

1. The septic tank shows indication of collapse or leakage	Yes	No
2 The sludge layer is less than 12 inches below the outlet baffle	Yes	No
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle	Yes	No
4. The location of laterals has been identified and a drawing has been completed	Yes	No
5. The laterals and surrounding areas show visible signs of failure	Yes	No
6. The laterals have been probed	Yes	No
7. The laterals show evidence of excess effluent	Yes	No
8. Has the system been modified, altered, or extended since the original permit was issued? If yes, please describe: _____	Yes	No
9. Other evidence the system is in failure or at increased risk of failure (describe) _____	Yes	No
10. Is the house vacant? If yes, for how long: _____	Yes	No

Required Information for Lagoons:

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices	Yes	No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top	Yes	No
3. Evidence of over the ground surface water inflow	Yes	No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction	Yes	No
5. Other evidence the system is in failure or at increased risk of failure (describe)	Yes	No
6. A fence is present that meets standards	Yes	No
7. Is the house vacant? If yes, for how long: _____	Yes	No

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)

House

1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) _____

General Comments:

_____

_____

_____

_____

(Attach additional sheets as necessary.)
Note: If the onsite wastewater system is not located on the described property an encroachment agreement or easement must be established and copies of the agreement or easement must be attached to this report.

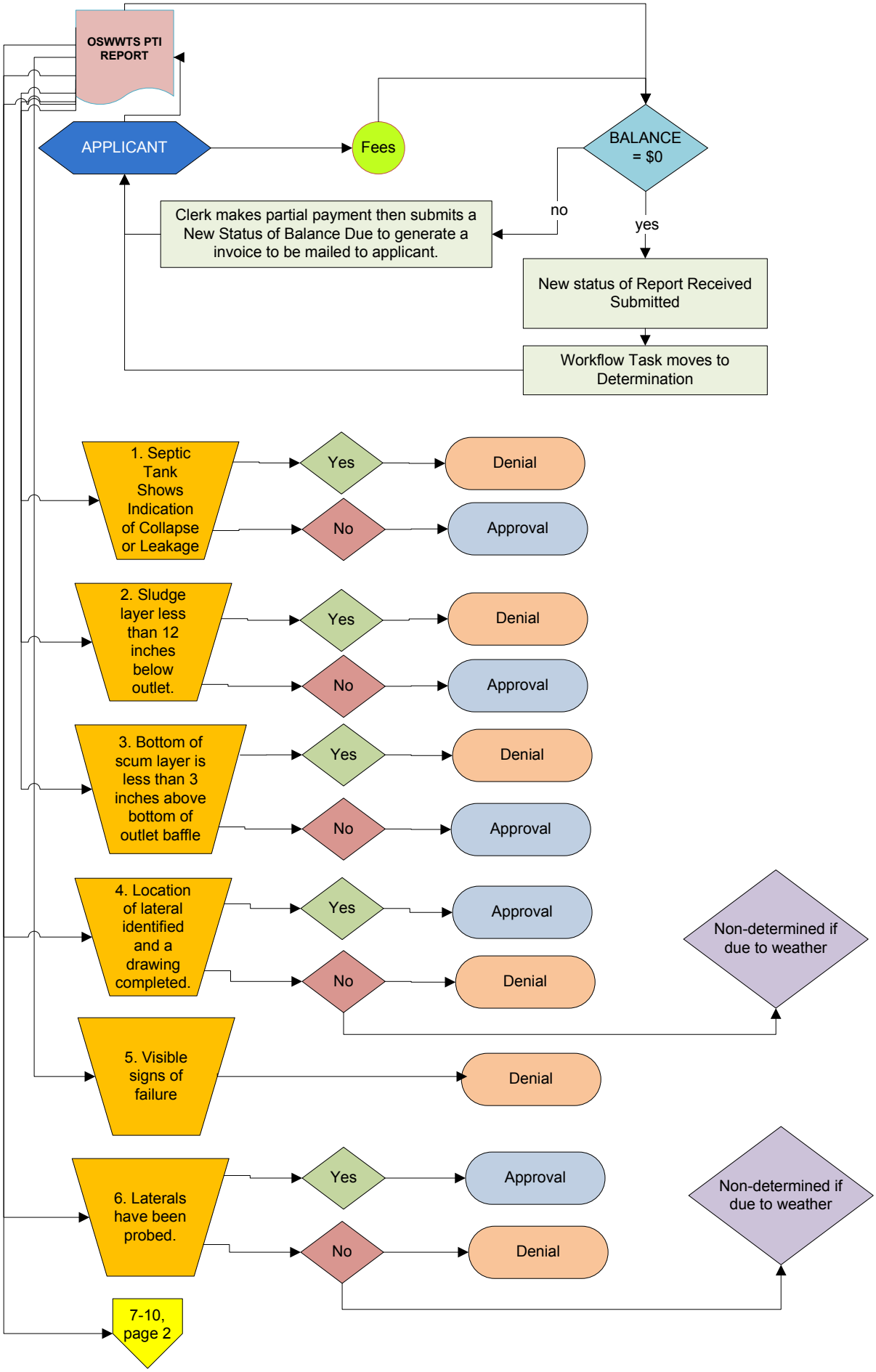
Comments:

Additional inspection information is attached Yes No

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Permit No.: HPTINS00 _____ Date: _____
Property Transfer Inspector

Exhibit 3


OSWWTS PTI REPORT
APPLICANT
Fees
BALANCE = $0
no
yes
Clerk makes partial payment then submits a New Status of Balance Due to generate a invoice to be mailed to applicant.
New status of Report Received Submitted
Workflow Task moves to Determination
1. Septic Tank Shows Indication of Collapse or Leakage
Yes
Denial
No
Approval
2. Sludge layer less than 12 inches below outlet.
Yes
Denial
No
Approval
3. Bottom of scum layer is less than 3 inches above bottom of outlet baffle
Yes
Denial
No
Approval
4. Location of lateral identified and a drawing completed.
Yes
Approval
No
Denial
Non-determined if due to weather
5. Visible signs of failure
Denial
6. Laterals have been probed.
Yes
Approval
No
Denial
Non-determined if due to weather
7-10, page 2

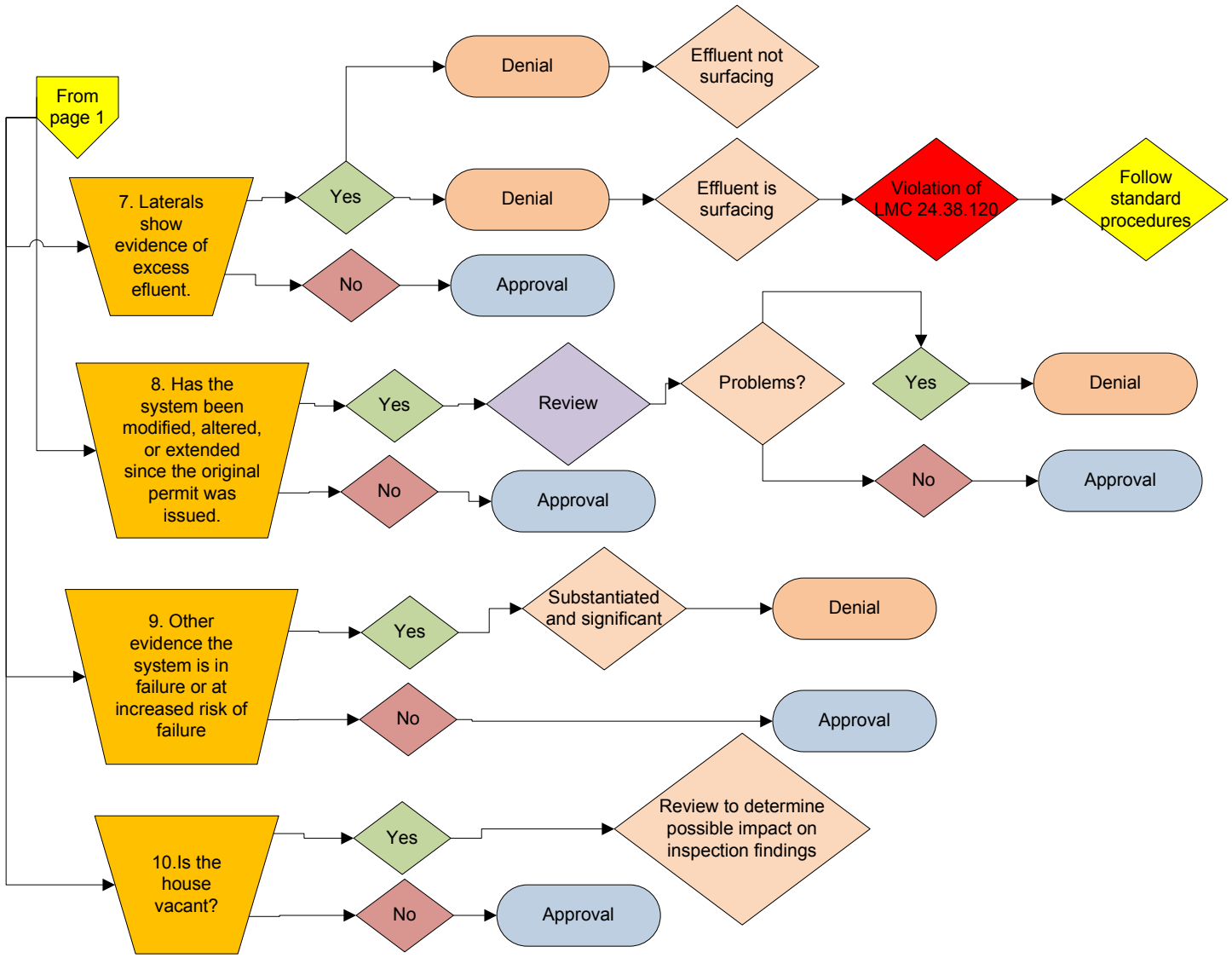
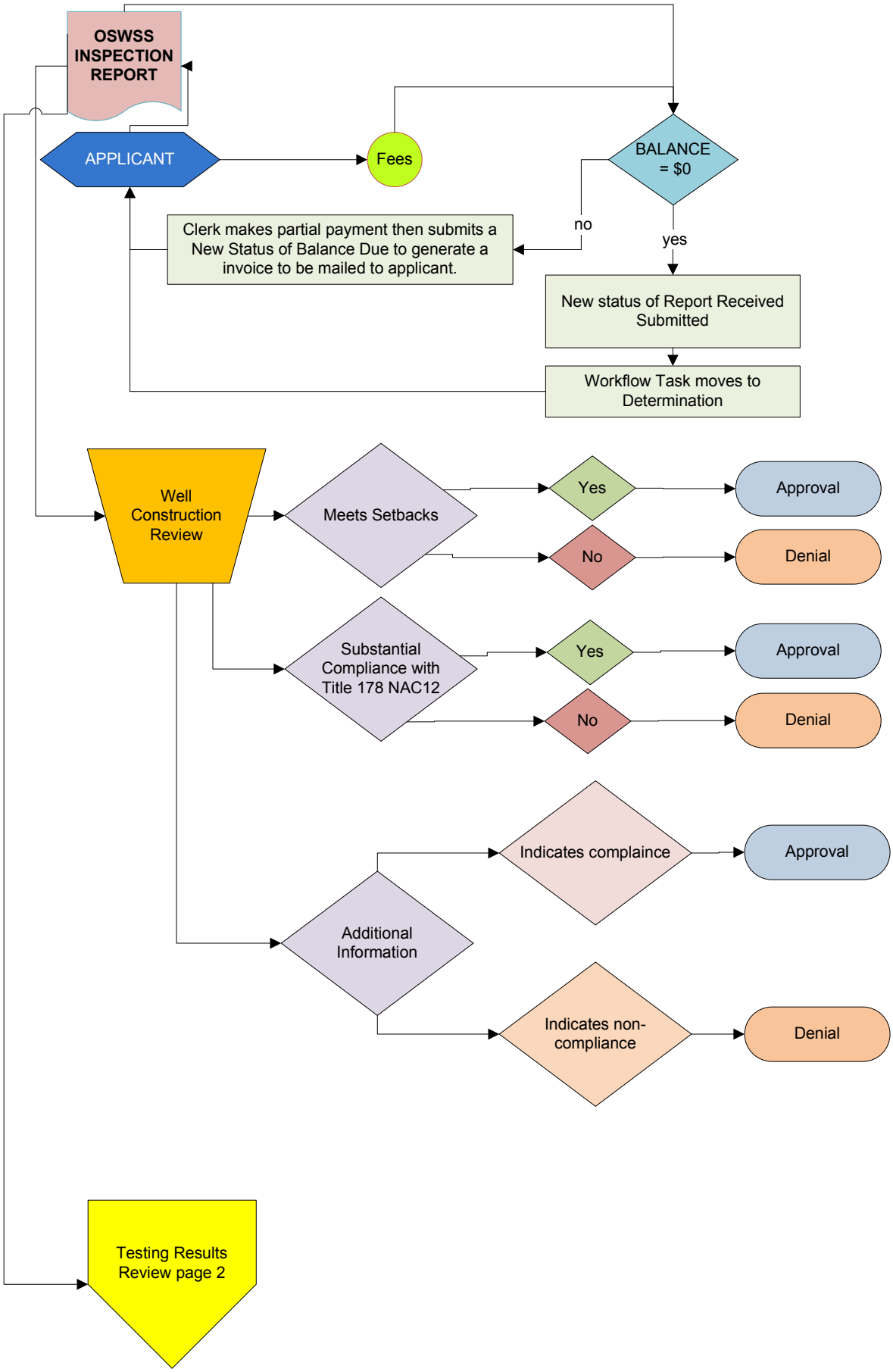
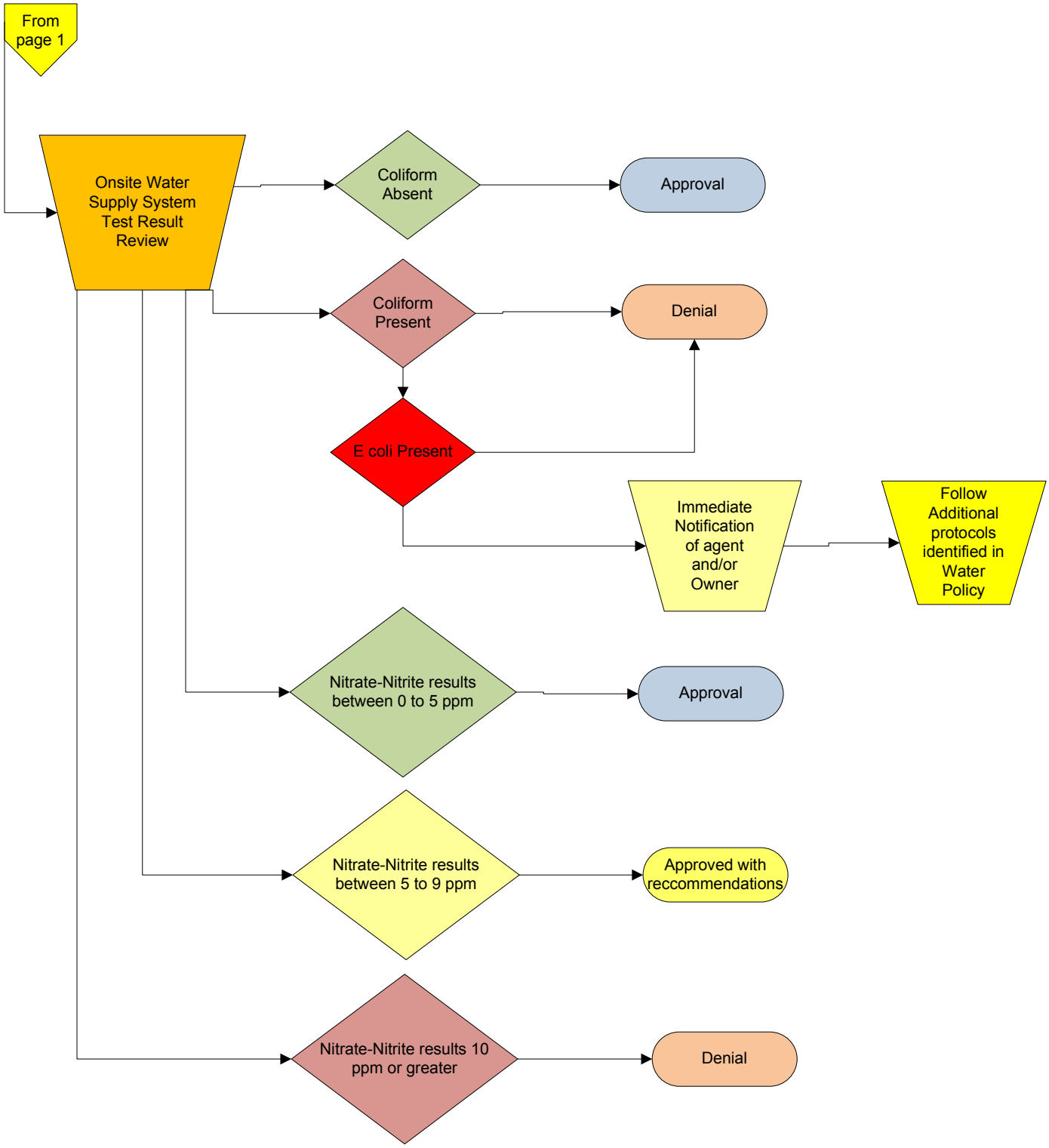

From page 1
7. Laterals show evidence of excess efluent.
Yes
Denial
Effluent not surfacing
Denial
Effluent is surfacing
Violation of LMC 24.38.120
Follow standard procedures
No
Approval
8. Has the system been modified, altered, or extended since the original permit was issued.
Yes
Review
Problems?
Yes
Denial
No
Approval
No
Approval
9. Other evidence the system is in failure or at increased risk of failure
Yes
Substantiated and significant
Denial
No
Approval
10.Is the house vacant?
Yes
Review to determine possible impact on inspection findings
No
Approval

Exhibit 4


OSWSS INSPECTION REPORT
APPLICANT
Fees
BALANCE = $0
no
yes
Clerk makes partial payment then submits a New Status of Balance Due to generate a invoice to be mailed to applicant.
New status of Report Received Submitted
Workflow Task moves to Determination
Well Construction Review
Meets Setbacks
Yes
Approval
No
Denial
Substantial Compliance with Title 178 NAC12
Yes
Approval
No
Denial
Additional Information
Indicates complaince
Approval
Indicates non-compliance
Denial
Testing Results Review page 2


From page 1
Onsite Water Supply System Test Result Review
Coliform Absent
Approval
Coliform Present
Denial
E coli Present
Immediate Notification of agent and/or Owner
Follow Additional protocols identified in Water Policy
Nitrate-Nitrite results between 0 to 5 ppm
Approval
Nitrate-Nitrite results between 5 to 9 ppm
Approved with reccommendations
Nitrate-Nitrite results 10 ppm or greater
Denial

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3140 "N" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

Date

Exhibit 5

Address
Address
Address

Subject: **Property Transfer Determination Letter**

Dear Applicant:

The Lincoln-Lancaster County Health Department (LLCHD) has received an inspection report for the onsite water supply system and/or onsite wastewater treatment system for the property located at: _____.

The inspection report was reviewed to determine compliance with Lancaster County Resolution R-13-0064 or Lincoln Municipal Code (LMC) 24.42 requiring inspection prior to the sale, transfer, or conveyance of property. Based on review by LLCHD, an **Approval** is being issued for this property.

The approval status means that at the time of inspection the Property Transfer Inspector found the structure and operational status were in substantial compliance with Lancaster County Resolution R-15-0004 or LMC 24.38 and Title 124 NAC or Title 189 NAC.

The approval status does not imply the system(s) meets current construction standards, nor does it imply or express any warranty or guarantee as to the future function and suitability of the inspected systems. The Inspection and Determination status was based on current operation and condition of the system. Change in use may result in the change of operation status of the system(s).

Although approval status has been determined, we do make the following recommendations:

Copies of the inspection reports are included with this determination.

This determination is valid until: _____

If you have any questions regarding this letter, please contact the Water Quality Program at 402-441-8031

Sincerely,

_____, REHS
Water Quality Program

Enclosures

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3140 "N" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

Date

Exhibit 6

Name
Address
Address

Subject: **Property Transfer Determination Letter**

Dear Applicant:

The Lincoln-Lancaster County Health Department (LLCHD) has received an inspection report for the onsite water supply system and/or onsite wastewater treatment system for the property located at: _____.

The inspection report was reviewed to determine compliance with Lancaster County Resolution R-13-0064 or Lincoln Municipal Code (LMC) 24.42 requiring inspection prior to the sale, transfer, or conveyance of property. Based on reviewed by LLCHD, a **Denial** is being issued for this property.

The denial status was determined based on the following information:

:

The denial status means the onsite system(s) adversely affects or may adversely affect the public health and environment, **but does not preclude the sale, transfer, or conveyance of property**. LLCHD recommends that conditions on which the denial is based by corrected.

Copies of the inspection reports are included with the determination. Questions concerning the actual inspection should be directed to the Property Transfer Inspector.

This determination is valid until the determination status is reviewed based on corrective action. If the items on which the denial Letter is based are corrected an Approval Letter will be issued.

If you have any questions regarding this letter, please contact the Water Quality program at 402-441-8031.

Sincerely,

_____, REHS
Water Quality Program

Enclosures

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

DEVELOPMENT SERVICES CENTER DSC

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

Exhibit 7

Date

Address
Address
Address

Subject: **Property Transfer Determination Letter**

Dear Applicant:

The Lincoln-Lancaster County Health Department (LLCHD) has received an inspection report for the onsite water supply system and/or onsite wastewater treatment system for the property located at: _____.

The inspection report was reviewed to determine compliance with Lancaster County Resolution R-13-0064 or Lincoln Municipal Code (LMC) 24.42 requiring inspection prior to the sale, transfer, or conveyance of property. Based on review by LLCHD, the status of **Indeterminate** has been issued for this property.

The indeterminate status is based on the following information:

This status is valid until the determination is reviewed based on additional inspection report information.

If you have any questions regarding this letter, please contact the Water Quality Program at 402-441-8031.

Sincerely,

_____, REHS
Water Quality Program

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

DEVELOPMENT SERVICES CENTER DSC